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In re application of: Reidhaar-Olson, John F.

Application No.: 09/489,220

Filed: January 21, 2000

Group Art Unit: 1655

For: TOXICANT-INDUCED DIFFERENTIAL GENE
 EXPRESSION

THE ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Preliminary Amendment and Response to Restriction Requirement.

Communication under 37 C.F.R. §§ 1.821-1.825 and Amendment.

Copy of Notice to Comply with Requirements for Patent Applications Containing Nucleotide Sequence and/or Amino Acid Sequence Disclosures.

Diskette containing computer readable copy of Sequence Listing.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	*	MINUS	** 20 = 0
INDEP.			
* MINUS = 0			
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

Amendment

Attorney Docket No. 16528A-038900US
 Client Ref No. 2097

GP 1655

box seq

WD

Date: September 1, 2000

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

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Signed:

Connie Larson

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TECH CENTER 1600/2900

SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	
x \$39.00 =	
+ \$130.00 =	
TOTAL ADDIT. FEE	

OTHER THAN
 SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	\$0.00
x \$78.00 =	\$0.00
+ \$260.00 =	
TOTAL	\$0.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

Claims fee \$ _____

Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

Scott Ausenhus

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